

EXAMPLES OF COBRA SITUATIONS

If the COBRA *QE Is:	And the Qualified Beneficiaries Are:	# Months of COBRA Coverage:	How to Handle the Notice of QE	Notice of COBRA Rights	Example:		
					If Date of QE is:	Then Date for QE is:	Date Coverage Ends Without COBRA is:
Covered employee's termination (for reasons other than misconduct) or reduction in hours of employment	Covered employee; Spouse; Dependent child(ren)	18	Employee notifies agency within 30 days of QE	See Note below	3-15-2004	3-15-2004	3-31-2004 with payroll deduction
Termination due to disability/exhaustion of leave	Covered employee; Spouse; Dependent child(ren)	29, w/letter from PERA, Soc.Sec., or Standard.	Agency notifies employee within 14 days of termination	See Note below	3-15-2004	3-15-2004	3-31-2004
Death of covered employee	Spouse; Dependent child(ren)	36	Family member, Beneficiary or estate notifies agency of an employee's death	See Note below	3-15-2004	3-15-2004	3-31-2004 allowable if the employee worked in March & has dependents
Covered employee's divorce or legal separation	Spouse; Dependent child(ren)	36	Employee notifies agency within 60 days of QE	See Note below	3-15-2004	3-15-2004	3-31-2004 (remember to then adjust employee/state share)
Terminated employee's entitlement to (enrollment in) Medicare	Spouse; Dependent child(ren)	36	Employee notifies agency within 60 days of QE	See Note below	3-15-2004 employee is 65 & on Medicare	3-15-2004	3-31-2004
Child losing eligibility at end of year in which he/she turns 19	Dependent child	36	Employee notifies agency within 60 days of QE	See Note below	Birthday is 3-15-2004.	12-31-2004	12-31-2004
Child losing eligibility in or after January of year following 19 th birthday & no longer a full-time student	Dependent child	36	Employee notifies agency within 60 days of QE	See Note below	5-15-2004 child was in school part of this year	12-31-2004	12-31-2004 if deduction taken (remember to then adjust employee & state share for the next year)
Child losing eligibility at age 24	Dependent child	36	Employee notifies agency within 60 days of QE	See Note below	Birthday is 3-15-2004	3-15-2004	3-31-2004

* QE = Qualifying Event

NOTE:	Agency notifies all Qualified Beneficiaries within 14 days of notice of Qualifying Event.
COBRA NOTICE INCLUDES:	COBRA Election Notice Letter, COBRA Election Form, "COBRA Guide," COBRA Premiums, Return Envelope, Life Conversion Form.
HOW NOTIFICATION SHOULD BE HANDLED: (Notification includes all the materials in COBRA Enrollment Packet)	HIPAA mandate: COBRA Notification should be mailed to the employee and each Qualified Beneficiary's home address, named individually (i.e., Dan, Connie, & Sam Smith). The COBRA Election Form may be completed in your office if it is for single coverage or if you have verified the employee is listing Qualified Beneficiaries. If the employee does not list all Qualified Beneficiaries, you must mail a COBRA Enrollment Packet for each Qualified Beneficiary to the residence address.
	COBRA cannot extend beyond the end of the current plan year for the Health Care FSA. Also, the employee must have a positive Health Care FSA balance (contributions, claims) on the date of the Qualifying Event in order to be eligible.
AGENCY NOTE:	The "COBRA Election Form", COL-0075, Rev. 4-20-02, is available from EagleDirect as part of the COBRA Enrollment Packet. Order the COBRA Enrollment Packet using the 2004 EagleDirect Request Form. In the "Agency Use Only" box, enter the Qualifying Event Date & the Date Coverage Will End Without COBRA sections before distributing to employees.